

03/14/02
31060 U.S. PTO

3-18-00099916
PTO
10/099916
03/14/02
A

Please type a plus sign (+) inside this box → ☐

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|--|--------------------------------------|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small> | Attorney Docket No. | 0102323-00096 |
| | First Inventor or Application Identifier | OATES |
| | Title | LOAD BALANCING COMPUTATIONAL METHODS |
| | Express Mail Label No. | EV 093 931 908 US |

| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO : Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
|--|---|
| 1. <input checked="" type="checkbox"/> Patent Application Transmittal Form | 7. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) |
| 3. <input type="checkbox"/> Fee Transmittal Form (Unexecuted) (eg., PTO/SB/17) | a. <input type="checkbox"/> Computer Readable Copy |
| 4. <input checked="" type="checkbox"/> Specification [Total Pages 121] Description (No. of Sheets: 114) Claims (No. of Sheets: 5) Abstract (No. of Sheets: 1) Appendix (No. of Sheets:) Other: Cover Page (No. of Sheets: 1) | b. <input type="checkbox"/> Paper Copy (identical to computer copy) |
| 5. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 15] | c. <input type="checkbox"/> Statement verifying identity of above copies |
| 6. <input type="checkbox"/> Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Unexecuted c. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) in duplicate (if should be specifically itemized) 15. <input type="checkbox"/> Request and Certification Under 35 USC 122(b)(2)(B)(i) 16. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 17. <input type="checkbox"/> Other: _____ |

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____
Prior application information: Examiner _____ Group / Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 21125 or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

| | | | | | |
|---------|--|-----------|--------------|----------|--------------|
| Name | David J. Powsner | | | | |
| Address | Nutter, McClennen & Fish, LLP One International Place | | | | |
| City | Boston | State | MA | Zip Code | 02110-2699 |
| Country | US | Telephone | 617-439-2717 | Fax | 617-310-9717 |

| | | | |
|-------------------|------------------|-----------------------------------|---------|
| Name (Print/Type) | David J. Powsner | Registration No. (Attorney/Agent) | 31,868 |
| Signature | | Date | 3/14/02 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.